



## STUDENTS REGISTRATION FORM 2019

PLEASE COMPLETE ALL SECTIONS BELOW: (PLEASE PRINT CLEARLY)

Registration Reference No:		Date of Registration:		
<b>PERSONAL DETAILS</b>				
Title:	Last Name:	First Name:		
Date of Birth:	Identity Number:			
<b>FOR OFFICIAL USE ONLY:</b>	Student Ref. No.:	Invoice No.:		
<b>CONTACT DETAILS</b>				
Telephone (H):	Telephone (W):	Cell Phone:		
Email:	Fax :			
Physical Address:		Postal Address:		
	Postal Code:	Postal Code:		
Occupation:		Employer:		
Next of Kin Name:	Next of Kin Telephone:			
<b>PROGRAMME STUDY DETAILS</b>				
Please indicate with a tick which qualification you are registering for:				
<input type="checkbox"/> BUSINESS STUDIES (N4-N6)		<input type="checkbox"/> SHORT COURSE(S)		
<input type="checkbox"/> ENGINEERING STUDIES (N1-N6)		<input type="checkbox"/> CERTIFICATE IN ALARM SYSTEMS		
<input type="checkbox"/> INFORMATION AND TECHNOLOGY		<input type="checkbox"/> CERTIFICATE IN BASIC ELECTRONICS		
<input type="checkbox"/> MEDIA STUDIES		<input type="checkbox"/> CERTIFICATE IN ENTERTAINMENT SYSTEMS REPAIR		
<input type="checkbox"/> MATRIC REWRITE		<input type="checkbox"/> OTHERS		
<input type="checkbox"/> CERTIFICATE IN GENERAL SECURITY PRACTICES		<input type="checkbox"/>		
<b>MODULE/STUDY DETAILS</b>				
LEVEL: _____				
Start Year: 20__	<input type="checkbox"/> Trimester 1	<input type="checkbox"/> Trimester 2	<input type="checkbox"/> Trimester 3	
Mode of Study:	<input type="checkbox"/> Face-to-Face		<input type="checkbox"/> Distance Education	
Campus:	<input type="checkbox"/> Johannesburg			
Study Load:	<input type="checkbox"/> Part-time (2-3 modules/term)	<input type="checkbox"/> Full-time (3-4 modules/term)	<input type="checkbox"/> Other	
<b>MODULE REGISTRATION - REGISTRATION FOR YEAR OF STUDY</b>				
First Trimester/ Semester	NAME OF MODULES	MODULE CODE	DAY	TIME
1.				
2.				
3.				
4.				

Second Trimester/Semester	NAME OF MODULES		DAY	TIME
1.				
2.				
3.				
4.				
Third Trimester	NAME OF MODULES		DAY	TIME
1.				
2.				
3.				

OTHER COURSES			
NAME OF COURSE	CERTIFYING BOARD	DURATION	STUDY MODE

## PAYMENT CONDITIONS

Deposits can be made by cash, EFT or direct deposit and a copy of your proof of payment must be emailed to [info@sacotech.co.za](mailto:info@sacotech.co.za). All proofs of payment must include your name and surname and/or student number as reference. Monthly payments may only be made by debit order and a debit order instruction form is available from the college administration. Monthly debits will take effect at the commencement of the trimester. Kindly note that all debit order instructions are subject to a credit check.

**FIRST NATIONAL BANK (FNB)**  
**SA COLLEGE OF TECHNOLOGY (PTY) LTD**  
**ACCOUNT NUMBER: 62691123534**  
**BRACH CODE: 254 205**

## PAYMENT STRUCTURE

Deposit Payable:	
Monthly Payment (i.e. Monthly instalments paid over a 4 month period):	
Total Annual Fee Due:	

## PAYMENT DETAILS

Please provide the full details of the person responsible for account

Title:		Last Name:		First Name:	
Postal Address: (To which the account must be posted)					
				Postal Code:	
Telephone:		Cell Phone:		Fax:	
Email:					
ID Number:					
Relationship (i.e. parent, legal guardian, sponsor, employer, etc.)					

## MODULE REGISTRATION

- Kindly note that this **registration is only official once the non-refundable registration fee**, according to the proforma invoice supplied to you, **has been paid**.
- The deposit payable is required to secure this registration.
- Study fees include electronic study materials. Prescribed textbooks are not included in the fees and need to be purchased separately.
- After the close of registration and prior to the commencement of class an administration fee will be charged for any changes made to module/class/programme/campus.

SA COLLEGE OF TECHNOLOGY RESERVES THE RIGHT TO NOT RUN A MODULE/WORKSHOP SHOULD THE GIVEN MODULE/WORKSHOP NOT HAVE ENOUGH REGISTERED STUDENTS

## TERMS AND CONDITIONS OF REGISTRATION

### DEFERRAL POLICY

“Deferral” refers to the **postponement of study** in the module in which a student has already registered/enrolled. A Deferral Request Form is available and is to be used by any SACOTECH student who wishes to defer the module(s) of study for which they are already registered. Within this policy, fees are NOT REFUNDED but may be credited for future learning.

#### Conditions of deferral:

- The completed Deferral Request form is to be submitted to the Registrar’s Office for review at the following Academic Review Meeting (ARM) for a final decision. Deferrals are granted on a case by case basis and ratified through the ARM.
- Students will not be penalized for their deferrals except where the reasons for deferral are deemed unreasonable. In these instances, students who decide to withdraw will lose the module and be held liable for any outstanding fees.
- Fees for modules already paid will be credited to the next module or trimester’s studies.
- Maximum period of deferral is **1 trimester** – if a student has not resumed contact with the College within this period, the credit will automatically be withdrawn.
- A deferral will **not be granted if the student has attended 6 or more classes of a module**, unless serious mitigating circumstances apply.

## WITHDRAWAL POLICY

“Withdrawal” refers to the termination of a student’s enrolment. This form is to be used by any SACOTECH student who wishes to permanently discontinue their studies with the College. Please submit the completed form to the Registrar’s Office for processing.

### Refund of Fees:

- Fees will be refunded at the rate of 100% for module(s) not commenced if **written notification** is received **prior** to the close of registration.
- Withdrawal within one (1) to three (3) weeks of the module’s commencement 75% of the full module fee will be refunded.
- Withdrawal requested in over three weeks of the module’s commencement will be liable for the full module fee, i.e. no refund will be granted, unless mitigating circumstances warrant full refund.

### Distance Education:

A student withdrawing from Distance Education mode of study who has already received study materials must return these to the Registrar’s Office with their completed Withdrawal of Study Form before the withdrawal application can be processed.

### International Students:

In the instance where an international student withdraws from their programme of study, the Registrar is obliged to notify the Department of Home Affairs of the withdrawal and provide the following details:

- Reasons for withdrawal
- Date enrolment was withdrawn
- Any other relevant details as necessary

## DECLARATION

1. The student/parent/legal guardian hereby agrees to pay the fees for the modules selected as reflected under the Payment Structure section of this document, which shall be incorporated into this contract.
2. The student/parent/legal guardian will not be absolved of the responsibility to pay such fees by virtue of incorrect billing or any other factor.
3. SACOTECH resumes the right to suspend a student’s course of study should they be deemed unsuitable for this field of study.
4. I am aware that the SACOTECH student handbook is available. By signing this form I acknowledge that I have read and understood the policies, procedures and terms set out in the SACOTECH student handbook and I agree to be bound and abide by the policies, procedures and terms set out in the student handbook as amended from time to time. I acknowledge and agree that the acceptance of my application by SACOTECH is conditional upon my agreement to be bound and abide by the policies, procedures and terms set out in the student handbook as amended from time to time.
5. I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct.
6. If I am a minor, I declare that my admission to SACOTECH has the consent of my parent/guardian.
7. I hold myself responsible for the payment of all fees and other charges payable by me to SACOTECH for all modules which I register. If I am in arrears, I will be liable for all costs of recovery, including fees charged by external debt collectors on the scale as between the debt collector and client plus collection commission
8. I accept, agree and understand that: SACOTECH keeps and processes data and documents in electronic format, including data supplied by me in this application form; SACOTECH may use and transfer such data and use such documents in electronic or other formats for SACOTECH purposes including submission of data for the national learner record database as required by the department of higher education and training; that records of qualifiers and academic records are placed in the public domain; and that electronically generated documents may be used in place of the originals signed by me.
9. Indemnity: I hereby waive any claims against SACOTECH for any damages or losses suffered while I am, or as a consequence of my being, a student of SACOTECH, as well as any damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited to the negligence of SACOTECH or any official, employee, or representative of SACOTECH. I or my estate hereby indemnifies SACOTECH against any claims by any person arising in any way as stated above or in respect of my own negligent or willful acts or omissions.

I, \_\_\_\_\_

(PLEASE PRINT NAME OF STUDENT)

Hereby agree to be liable for the contract amount, subject to the policy and conditions stipulated on this contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I/We, \_\_\_\_\_

(PLEASE PRINT NAME OF PARENT/GUARDIAN)

Hereby agree to be liable for the contract amount, subject to the policy and conditions stipulated on this contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

REGISTRANTS SUPPORTING DOCUMENTATION CHECKLIST	REQD	RECD
COPY OF ID/ PASSPORT		
COPY OF STUDY PERMIT (IF APPLICABLE)		
CERTIFIED COPY(S) OF SCHOOL RECORD(S) AND/OR ACADEMIC TRANSCRIPT(S)		
CREDIT TRANSFER (CT)/RECOGNITION OF PRIOR LEARNING (RPL) APPLICATION AND FEE (IF APPLICABLE)		
ENGLISH PROFICIENCY TEST RESULTS (IF APPLICABLE)		
REFERENCE LETTER (FROM EMPLOYER OR ACADEMIC OR TEACHER OR RELEVANT PARTY)		
ADDITIONAL MEDICAL REFERENCE (IF APPLICABLE)		

REGISTRATION APPROVAL			
APPLICATION RECEIVED BY:			
PROFORMA RECEIVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEPOSIT PAID:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBIT ORDER AUTHORISATION FORM COMPLETED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
FURTHER ASSESSMENT REQUIRED (IF APPLICABLE):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CT/RPL APPLICATION AND FEE RECEIVED (IF APPLICABLE):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REGISTRATION APPROVED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REGISTRATION CHECKED AND APPROVED BY:		DATE:	
STUDENT NUMBER:			
INVOICE NUMBER:		REGISTRATION NUMBER:	